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| Application Number | 10/724,369 |
| Filing Date | 2003-11-26 |
| First Named Inventor | Sproul |
| Title | Surgical Tool |
| Art Unit | 3775 |
| Examiner Name | Jay R. Sigler |
| Attorney Docket Number | SIED.P-003 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Michael Sproul

Date

May 19 2009

Telephone

970 300 8189

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.☐ *Total of _____ forms are submitted.

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